

Catalyst

Mentally Ill and Behind Bars WHAT OUR LATEST STUDY FOUND

The Treatment Advocacy Center in April released its fifth major report of the last two years: "The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey," co-authored with the National Sheriffs' Association. Founder Dr. E. Fuller Torrey was lead author and principal investigator.

Within hours of the study's release, its core finding was being broadcast, beamed and published coast to coast: *Ten times more men and women with serious mental illness are in America's prisons and jails than in psychiatric hospitals – and their numbers are growing.* The state-by-state survey found:

- In 44 of the 50 states and the District of Columbia, a prison or jail holds more individuals with mental illness than the largest remaining state hospital.
- Prison and jail officials "have few options" for treating their mentally ill inmates. "In many cases, they are unable to provide them with psychiatric medications."

- Solitary confinement or restraining devices are widely used to prevent inmates from harming themselves, fellow inmates or corrections staff under the influence of their untreated symptoms.

The authors' interviews with jail administrators and others involved in the criminal justice system uncovered widespread frustration with the failures of a mental health system that results in an estimated 350,000 mentally ill adults living behind bars in America on any given day.

A consensus emerged that:

- The number of mentally ill inmates is growing, and the severity of their illnesses is increasing.
- Because many inmates with mental illness need intensive treatment, the correctional system is under mounting pressure to provide hospital-level care.
- The root cause of the problem is the ongoing closure of public psychiatric hospitals, where most of the individuals incarcerated as a result of symptom-driven crimes would once have been treated for their uncontrolled illness, and the failure of the mental health system to provide appropriate aftercare for released patients.

Widespread validation and embrace of Treatment Advocacy Center research has become the norm as the organization has increased its study of public policy issues that state and federal agencies and other mental health organizations neglect. "Research and reports on overlooked

CONTINUED ON PAGE 2



Treatment Advocacy Center studies are published on a dedicated research website: TACReports.org. In addition to the most recent report, four other major reports have been released since mid-2012:

- "Mental Health Commitment Laws: A Survey of the States" (February 2014)
- "Justifiable Homicides by Law Enforcement Officers: What is the Role of Mental Illness?" (September 2013)
- "Prevalence of Mental Health Diversion Practices: A Survey of the States" (August 2013)
- "No Room at the Inn: Trends and Consequences of Closing Public Psychiatric Hospitals" (July 2012)

WHAT'S INSIDE

- 2.....Executive Director's Corner
- 3.....A Sea Change in California
- 4.....Champions of Change
- 6.....Around the States
- 7.....I Was Taken to Jail Instead of Treatment
- 8.....The IMD Exclusion Hurts People with Severe Mental Illness
- 9.....New Psychiatric Board Will Expand Capability
- 10.....Memorials & Tributes
- 11.....Torrey Action Fund Contributors
- 12.....SMRI Update



A MESSAGE FROM THE
Executive Director

Spotlight on Advocacy Champions

"Advocacy" is our middle name, and this issue of our *Catalyst* newsletter is dedicated to showcasing some of the faces and shapes it takes as we strive to improve access to treatment for severe mental illness in America and reduce the consequences of non-treatment.

Look no further than the page opposite this one to see the latest results: From legendarily liberal San Francisco to famously conservative Orange, county after California county is finally embracing the state's court-ordered outpatient treatment law, called "Laura's Law" for Laura Wilcox, a young woman who was killed by a man with untreated schizophrenia. We use the word "tipping point" to describe the movement, and that's no exaggeration. At the beginning of 2014, about 60,000 Californians lived where Laura's Law was fully implemented. By the end of August (and more than a decade of determined advocacy), more than 14 million did.

It wasn't just my home state taking these giant steps. Since our last issue, Maryland – whose civil commitment laws we have scored as failing at every level – passed two important bills promoted by the Treatment Advocacy Center and NAMI-Maryland. Massachusetts – along with Maryland, one of the last five states without an AOT law – appropriated funds for a test run of court-ordered outpatient treatment. Ohio, Virginia and Vermont (among others) all saw treatment access laws improved in the last few months. Read their news on page 6.

Behind every one of those new laws are more names and faces than we can possibly publish. Lawmakers, family members, consumers, allied professionals and others. Legal and other obstacles to treatment can't be dismantled without an army of advocates joining us at the barricades.

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Please think of the very few comrades you'll find on pages 4 and 5 as champions in their own right and as proxies for every one of you who writes or calls a legislator demanding reform, pens a letter to the editor, attends a public hearing, raises awareness of mental illness in other ways or, critically, supports our mission through donations and planned gifts.

Representative Eddie Bernice Johnson of Texas is one of these champions. She is fighting in Congress to repeal the discriminatory IMD Exclusion she writes about on page 8. Consumer Sakeenah Francis is another. In her poignant essay on page 7, she decries the injustice of non-treatment

that landed her in jail and homeless. Still another: Journalist Asra Nomani, one of the founders of a new family organization named Treatment Before Tragedy, interviewed on page 8. On page 9, we are honored and proud to name the 13 highly respected psychiatrists who have joined our founding Psychiatric Advisory Board to add the weight of their experience and credentials to the case for restoring reason to mental illness treatment. Champions all.

The study featured on the cover of this issue, is the latest example of how we conduct advocacy by way of research that raises awareness, exposes the fault lines in the mental health system, informs public debate and shapes public opinion. And on pages 10 and 11, those champions who make our success possible with their gifts in memory or honor of others or to the annual Torrey Advocacy Fund or with in-kind contributions like the Stanley Medical Research Institute's. There would be no tipping points without them – and no avenue to treatment for the countless people who benefit when we succeed in making treatment possible.

Mental Health Crisis

CONTINUED FROM PAGE 1

issues set the Treatment Advocacy Center apart," says Chief of Police Michael Biasotti, a member of the organization's Board of Directors and co-author of the study. "Even opponents of the remedies we advocate find our research into treatment issues useful."

Among their recommendations, Treatment Advocacy Center studies often urge relevant public agencies to include mental illness data in their reporting require-

ments. The report on the police-involved killings known as "justifiable homicides," for example, recommended that the Department of Justice "resolve to collect more complete and detailed information on justifiable homicides."

Until decision-makers recognize the role of better public policies in addressing untreated severe mental illness, it remains for the Treatment Advocacy Center to conduct its own research to keep a spotlight focused on the treatment issues that prevent far too many people from participating in recovery.



A SEA CHANGE IN California

California is quickly approaching the tipping point for assisted outpatient treatment (AOT) availability as a growing number of counties statewide vote to implement Laura's Law.

First enacted by the California legislature in 2002, Laura's Law struggled under the weight of funding restrictions and a unique requirement that it can only be implemented in counties where it has been approved by the Board of Supervisors. Through 2013, only Nevada County had opted to fully implement the law.

But following several high-profile tragedies and a 2013 law that clarified the availability of state funding, counties across the state are now rushing to embrace Laura's Law.

As we went to press, more than 14.5 million Californians had gained access to court-ordered outpatient treatment just since January, with numerous additional counties actively considering adoption.

In May, Orange County supervisors voted unanimously to adopt a Laura's Law resolution championed by Supervisor John Moorlach. The county is scheduled to begin providing AOT this month, with \$4.4 million allocated to provide assessment and treatment for an estimated 120 people annually. Ron Thomas, father of Kelly Thomas – a homeless man with schizophrenia who was beaten to death by Fullerton police in 2011 – said he hopes the program will help “the other Kelly Thomases out there.”

July saw San Francisco vote to fully implement the program. With a poll showing overwhelming public support for Laura's Law in the city, San Francisco Supervisor Mark Farrell announced he would bring the issue to a public referendum in November unless he won approval from the county Board of Supervisors. Laura's Law was approved on a 9-2 vote. “We changed the status quo in San Francisco,” said Supervisor Farrell of the vote. “By implementing Laura's Law, we are going to help the most vulnerable individuals suffering from mental illness across our city and

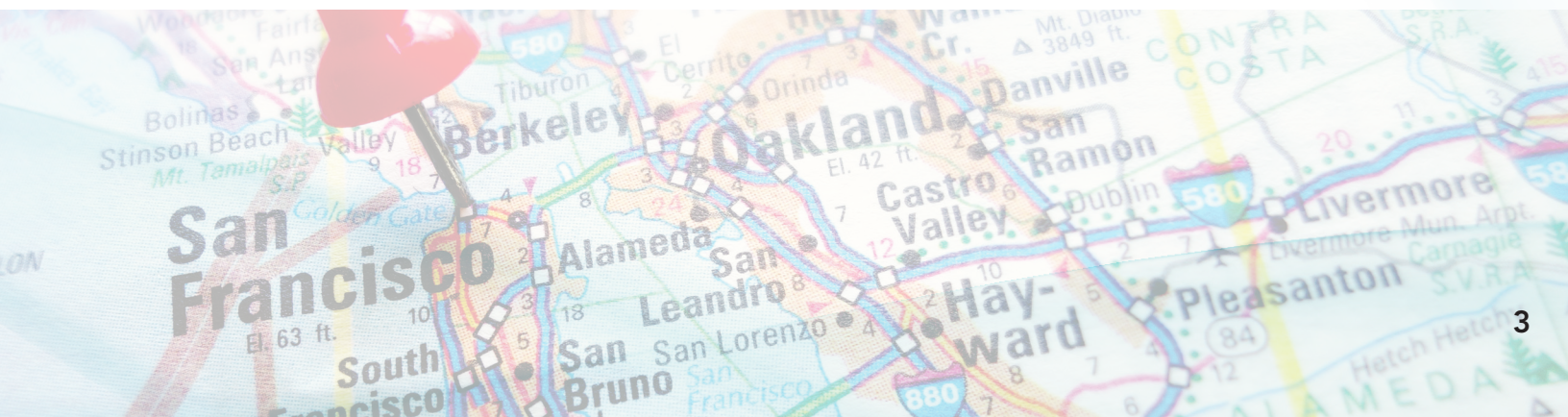
provide the families the support they deserve.” San Francisco's program will also require the county mental health director to establish a “care team” for AOT participants that includes another person with mental illness, a forensic psychiatrist and a person with a family member suffering from mental illness.

Los Angeles County was next, voting in July to expand its AOT pilot program countywide. The county had launched a small program soon after Laura's Law took effect in 2003. Longtime supporter Supervisor Michael Antonovich championed the expansion, arguing that Laura's Law is a compassionate, comprehensive path to recovery. Brittney Weissman, executive director of NAMI's Los Angeles affiliate, said after the vote that this will help “very ill individuals – who often don't recognize that they're sick – get well and stay in the community so that they can later continue in treatment on their own.” The expansion will allow an additional 300 people to participate.

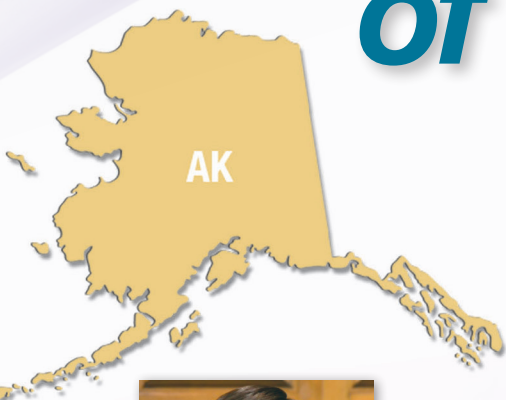
Most recently, on August 26 the Placer County Board of Supervisors authorized implementation of Laura's Law. The county allocated \$400,000 in MHSA funds to serve up to 20 people in the upcoming year. County Supervisor Jennifer Montgomery said the program will “make Placer County a better place to live.”

“THIS IS A COMPASSIONATE AND COST EFFECTIVE APPROACH TO ASSISTING THOSE WHO HAVE MENTAL ILLNESS TO BE ABLE TO RECEIVE THE NECESSARY TREATMENT AND BECOME PRODUCTIVE MEMBERS OF SOCIETY.”

*– Los Angeles County Supervisor
Michael D. Antonovich*



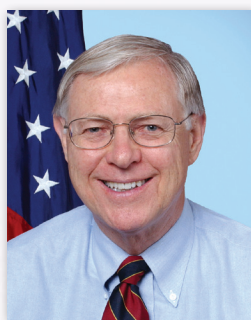
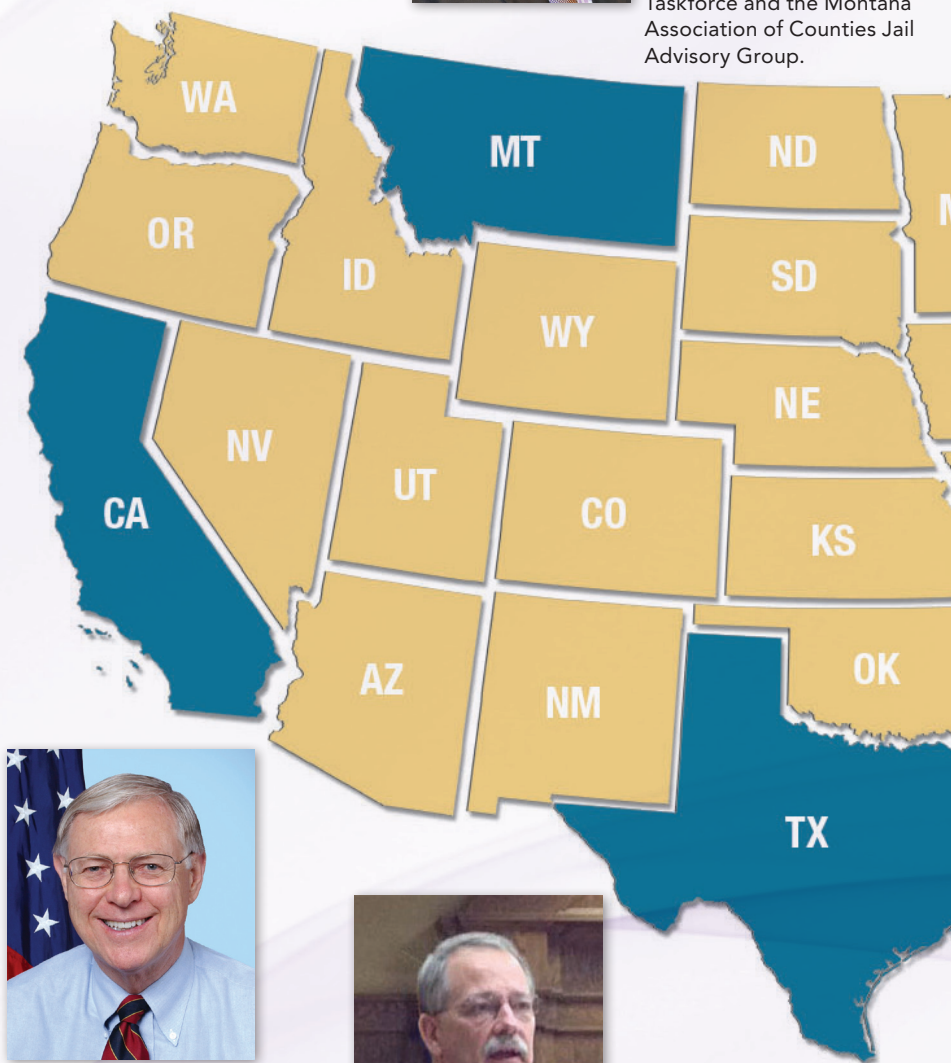
Champions of Change



Supervisor Mark Farrell championed efforts to authorize Laura's Law in San Francisco in July.



Supervisor John Moorlach introduced Laura's Law to the Orange County Board of Supervisors, which unanimously voted to adopt Laura's Law in May



Supervisor Michael Antonovich championed the expansion of Laura's Law, which was authorized in Los Angeles County in July.



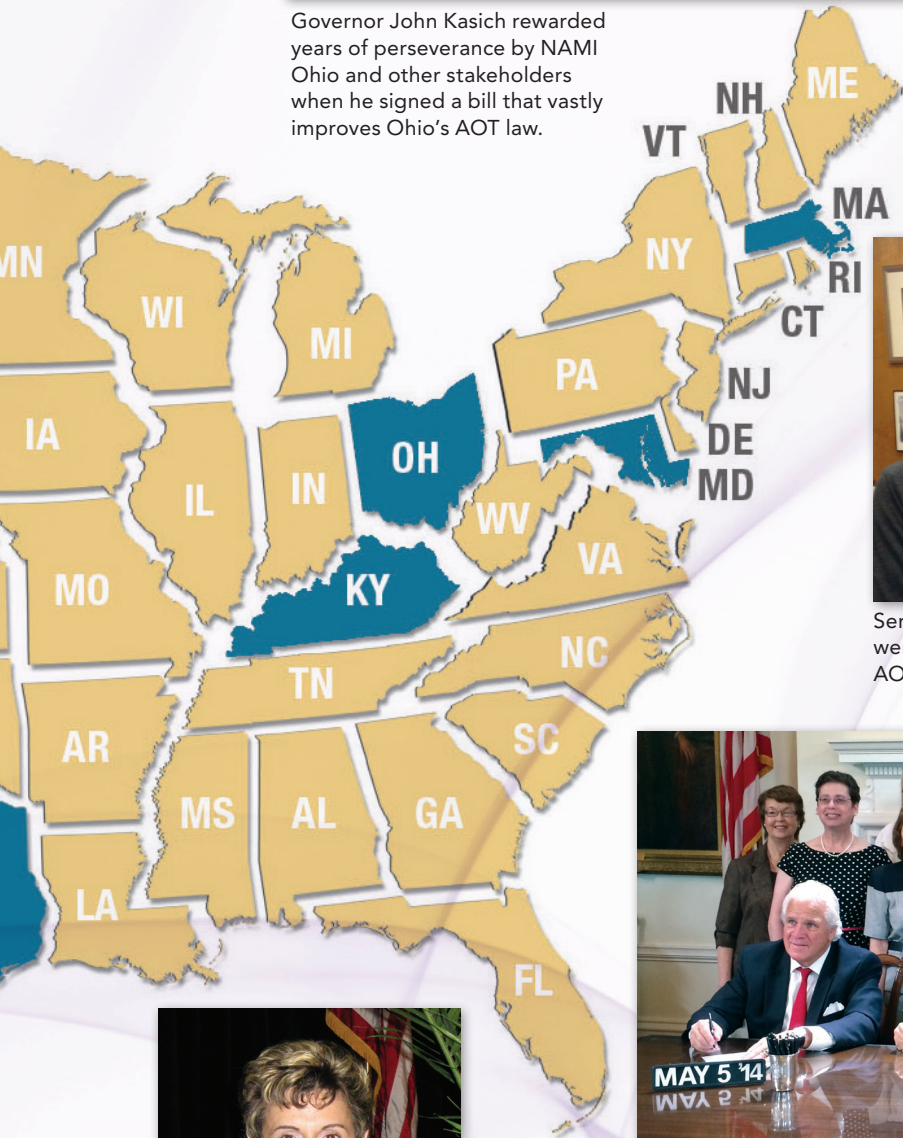
Dr. Gary and Sandra Mihelish work tirelessly to reform mental illness treatment laws in Montana. Dr. Mihelish also advocates for practices that would reduce the criminalization and recidivism rates for people with severe mental illness through his service on the state's Department of Corrections Re-Entry Taskforce and the Montana Association of Counties Jail Advisory Group.



Doug McSwane held the "Peace of Mind Conference: Standing Together for Mental Health" in Texas with over 800 people in attendance. Kay Warren, wife of megachurch pastor Rick Warren, was a featured speaker at the event, which encouraged wider use of assisted outpatient treatment and diversion tactics for people with severe mental illness.



Governor John Kasich rewarded years of perseverance by NAMI Ohio and other stakeholders when he signed a bill that vastly improves Ohio's AOT law.



Senator Ken Donnelly and his chief of staff Cindy Friedman were instrumental in the passage of the Massachusetts AOT pilot program.



GG Burns works relentlessly to help improve the assisted outpatient treatment law in Kentucky.



Maryland advocates found hope for brighter days ahead when Governor Martin O'Malley signed two bills in May that were championed by NAMI-Maryland and the Treatment Advocacy Center.

Around the States

VIRGINIA

The tragedy that left Senator Creigh Deeds wounded and his son, Gus, dead, thrust Virginia's broken mental health system into the spotlight once again. In the aftermath, Deeds introduced several bills to address failures in the system that might have prevented his family's loss. In April, Governor Terry McAuliffe and Senator Deeds traveled to the same hospital that treated Gus Deeds for a ceremonial signing of SB 260, which increases the duration of emergency psychiatric holds from four hours – currently the shortest in the nation – to 12, with a safety-net clause that state mental health hospitals are required to accept patients for temporary detention after eight hours. The bill also extends the time period that a person can be held involuntarily under a temporary detention order from 48 to 72 hours. "It's an important first step," McAuliffe said. "Let us be crystal clear: We have a long, long way to go."



U.S. state Senator Creigh Deeds with his son Gus, left, between campaign events in September 2005.

NEW JERSEY

Assisted outpatient treatment – known in New Jersey as "Involuntary Outpatient Commitment" (IOC) – is showing significant success, according to an early analysis. The achievements for clients with severe mental illness participating in IOC include reduced hospitalization and emergency room visits, shorter inpatient stays, reduced crime and incarceration and reduced homelessness. "The success we have seen is beyond our wildest dreams," said Kim Veith, director of clinical services at Ocean Mental Health Services in the Garden State.

OHIO

A bill that vastly improves Ohio's assisted outpatient treatment (AOT) law was signed into law this summer by Governor John Kasich, rewarding years of perseverance by NAMI Ohio and other stakeholders. Court-ordered outpatient treatment has long been a legal option in the Buckeye State, but efforts to use it were hampered by confusing language in the law. Largely as a result, only two counties – Summit and Butler – were using the law. The bill signed by Kasich will encourage widespread implementation of AOT by clarifying and improving the state's commitment standard and by allowing private individuals – including family members – to petition the courts for involuntary commitment of a person in need.

MASSACHUSETTS

Stakeholders across the state succeeded in securing funding in the state's 2015 budget to implement an AOT pilot program. Massachusetts is one of the five remaining states without an AOT law. The allocation is a testament to the tireless advocacy of supporters and evidences the ever-growing momentum for AOT throughout the country. The effort was led by Senator Ken Donnelly with help from the Treatment Advocacy Center, the Massachusetts Sheriffs' Association and other stakeholders.

KENTUCKY

Kentucky continues to see interest grow for updating its AOT laws. Last session, the Treatment Advocacy Center provided input on a bill to improve and expand the practice of AOT in the state. We remain actively engaged with legislators and stakeholders in an effort to harness this momentum and pass a bill in 2015.

MAINE

In April, the Maine legislature passed a resolution convening a working group to review the judicial process for involuntary commitment and treatment to develop recommendations for improving the state's mental health emergency system. The Treatment Advocacy Center and our Maine advocates have been asked to make recommendations to the legislature.

MARYLAND

Maryland has long been among the worst states in the nation for making treatment possible for the most severely mentally ill. Marylanders and their families have faced a tragic triple whammy:

- An ambiguous commitment standard, often interpreted to exclude anyone not imminently violent or suicidal;
- The lack of an AOT law; and
- The notorious 2007 *Kelly* decision, which meant patients committed to mental hospitals who refused medication couldn't receive medication over objection unless they posed a danger *while in the hospital*.

But Maryland advocates found hope for brighter days ahead when Governor Martin O'Malley signed two bills in May that were championed by NAMI-Maryland and the Treatment Advocacy Center.

One bill (HB 592/SB 620) overturns the *Kelly* decision and makes explicit that a patient in a psychiatric hospital may be medicated if a review panel finds the patient's mental illness symptoms cause dangerousness in the hospital, caused the dangerousness that led to commitment or *would cause dangerousness* if the person were released.

The second bill (HB 1267/SB 882) directs the state's Department of Health and Mental Hygiene (DHMH) to convene a work group to examine AOT and deliver to the legislature "a proposal for a program that ... best serves individuals with mental illness who are at high risk for disruptions in the continuity of care." It further directs DHMH to evaluate the state's dangerousness standard for inpatient admissions and emergency evaluations.

VERMONT

The Treatment Advocacy Center has long lamented and called for reform of Vermont's uniquely dysfunctional medication over objection procedure and the unconscionable delays it has caused for psychiatric hospital patients in crisis – delays well beyond what was typical in other states, sometimes running into months. Given the importance of delivering timely treatment, these delays have hindered meaningful recovery for countless psychiatric patients.

In June, Governor Peter Shumlin signed S 287, a law that changes the hearing process so a patient is able to begin inpatient treatment with a medication order in place, rather than waiting for completion of a second entirely separate legal proceeding. The law also makes changes to allow for expedited reviews in certain situations and removes the automatic 30-day stay for medication orders, allowing them to go into effect as soon as they are issued by the court.

The Treatment Advocacy Center Hosts Congressional Briefing for National Minority Mental Health Awareness Month

July was National Minority Mental Health Awareness Month, which the Treatment Advocacy Center observed by co-hosting its first-ever Congressional briefing with Representative Eddie Bernice Johnson (D-Texas), Representative Tim Murphy (R-Pennsylvania) and the Congressional Homelessness Caucus. The briefing detailed government-sanctioned discrimination against impoverished mentally ill adults, a population in which minorities are vastly overrepresented.

"In addition to all the other forms of discrimination people with mental illness suffer, coverage of their psychiatric treatment in all but the smallest dedicated facilities is banned by federal law," asserted Treatment Advocacy Center Executive Director Doris A. Fuller, in reference to the

Medicaid program's IMD (Institutions for Mental Disease) Exclusion.

"If these critically ill individuals needed inpatient or long-term care for heart disease or diabetes or dementia, Medicaid would cover their care," she said. "But because they are mentally ill, it does not. It is not rational, humane or cost-effective to deny Medicaid coverage for medically necessary treatment to poor people with mental illness."

During the month, the Treatment Advocacy Center spotlighted a number of the ways minorities suffer dual discrimination in our broken mental health system. For example, as reported in *Corrections & Mental Health: An Update of the National Institute of Corrections*, African-American men in psychiatric crisis are less likely



Treatment Advocacy Center Executive Director Doris Fuller speaks at the briefing.

to be evaluated for hospitalization than individuals with similar symptoms who are white and more likely to be sent to jail. What's more, once they arrive in their cells, mentally ill black inmates are less likely to receive treatment than their white counterparts.

Other studies suggest that blacks are less likely than whites to receive any treatment or adequate follow-up within 30 days of discharge from a hospital.

I Was Taken to Jail Instead of Treatment

by Sakeenah Francis

In my experience, being poor, homeless and African-American landed me in jail instead of in psychiatric treatment.

I developed schizophrenia at age 25 and was put on medication. But shortly thereafter I stopped taking medicine because I was gaining a lot of weight and felt tired all the time. I abandoned my middle-class family and moved into my own house. But without my medication, I was unable to take care of myself. My house deteriorated to the point where ants filled the kitchen. I wasn't able to take care of myself so I thought it would be better to just leave the house. When I eventually decided to return home, the door was locked. I was homeless.

My voices told me I need to get out of town fast. So I climbed on top of a train that was halted for the evening, planning



Sakeenah Francis (right) and her daughter Anika.

to catch a ride. Someone saw me and called the police. When the police came they didn't even talk to me. If they had spoken to me, they would have known that I was acting on my voices and in the middle of a psychotic episode.

They would have known immediately

that I belonged in a psychiatric hospital, not a jail – which is where they took me. For the next 10 days, I was with prostitutes, a bank robber and a murderer. I was also still off my medicine, but nobody asked if I needed medicine and no doctor came to give me a psychiatric evaluation.

When I am off medicine, I have a quick temper so it wasn't long before I got into my first fight inside the jail. I stood in the face of another inmate and told her she was taking too much of the mirror. It never would have happened if I had been on my medicine. The next thing I knew, I was on the floor fighting with the ladies cheering us on.

This might never have happened if the criminal justice system didn't assume that black homeless people are criminals, when actually a lot of us just need treatment.

The IMD Exclusion Hurts People with Severe Mental Illness

by Representative Eddie Bernice Johnson (D-Texas)

Our mental health system is in shambles, and many of the most severely ill are being excluded from the treatment system. For the most severely ill, many of whom are destitute or homeless, private health insurance is not an option – leaving Medicaid the only way that many low-income people can afford to get healthcare.

However, the Institutions for Mental Diseases (IMD) Exclusion prohibits Medicaid from paying for care received in mental health institutions if the hospital has more than 16 psychiatric beds. Not only is this a barricade to treatment for those who need it most, the IMD Exclusion is very costly to state and federal governments when untreated patients are stowed away in correctional facilities or living on the street.

People with untreated psychiatric illness now make up one-third of our estimated 600,000 homeless population. Studies from Massachusetts and Ohio show that between 27 and 36% of discharged patients from state mental health hospitals had become homeless within six months.

This provision of Medicaid has inadvertently caused our jails and prisons to become warehouses for the mentally ill and for our homeless population to grow exponentially. We must recog-



nize the price we pay when untreated individuals with mental illness find themselves imprisoned. In 2012, there were an estimated 356,268 inmates with severe mental illness in prisons and jails across the nation. In the vast majority of states, prisons or jails hold more individuals with severe mental illness than the largest remaining state hospital.

Prison is also one of the most destructive environments for individuals with mental illness.

Mentally ill prisoners often become much sicker because they are unable to deal with the harsh prison environment and likely not receiving adequate care. By no fault of their own, people with severe mental illness often refuse treatment because they do not believe they are mentally ill, also known as “anosognosia.” Though this occurs inside and outside of prisons, mentally ill prisoners who “misbehave” and refuse medication spend additional time behind bars and are more likely to spend

CONTINUED ON PAGE 9

Interview with Asra Nomani, Executive Director of Treatment Before Tragedy



WHAT INSPIRED YOU TO START YOUR ORGANIZATION, TREATMENT BEFORE TRAGEDY?

On a personal level, I am inspired by pain, trauma and hope, gathered over 30 years of witnessing my family's struggle to find treatment and services for my older brother, diagnosed with schizoaffective disorder. My family's experience with serious mental illness has

given me the window through which most families on the frontlines of our broken mental health care system can see the abyss into which we are all afraid of falling.

WHAT DO YOU HOPE TO ACCOMPLISH WITH TREATMENT BEFORE TRAGEDY?

Treatment Before Tragedy was founded on the principle that we are not just an organization but a movement, advocating for the needs of our loved ones with serious mental illness. We hope to create a positive movement that advocates for better treatment, services, research and a cure for those impacted by serious

mental illness and their families. We hope to create a healthy and safe society for all.

WHAT NEEDS TO CHANGE IN OUR MENTAL ILLNESS TREATMENT SYSTEM TO PREVENT THE SUFFERING THAT YOU SEE ON A DAILY BASIS?

Firstly, following in the footsteps of Treatment Advocacy Center's incredibly humanizing work, we want to restore our society's sense of the humanity of those with serious mental illness. We have to care as a society for some of our country's most vulnerable. They are all somebody's son or daughter, sister or brother, niece or nephew, friend or neighbor. We must care, and, for that reason, one of my goals, as a journalist, is to humanize the stories of families and their loved ones. They are not just inmate numbers, like in the case of founding member Teresa Pasquini's son, but they are cherished family members. Secondly, we have to change the laws and policies so that they serve our loved ones and our families. Thirdly, we have to reframe mental illness as brain disease, so we can understand it for the physical, medical disorder that it is.

IMD Exclusion

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time in solitary confinement, which only worsens symptoms.

On top of all of this, the IMD Exclusion creates even more barriers to treatment for minority communities, since many individuals in these communities rely on Medicare and Medicaid for health insurance. According to recent studies, African American and Hispanics living in poverty are three times more likely to have psychological distress.

We must act to ensure that we do not warehouse our most vulnerable people with serious mental illness in prisons or leave them untreated and living on the streets. We must work to eliminate barriers to better mental health treatment for our underserved minority communities.

Repealing the IMD Exclusion can help those with mental illness regain access to the treatment they deserve. It could also save taxpayers the burden of costly emergency room visits for patients with severe mental illness and the expense of incarcerating prisoners with severe mental illness. It can help us decrease our homeless population and instead help people gain access to treatment and stable housing.

While many individuals with mental illness can be treated successfully in the community, there is a small population of people with serious mental illness who cannot. I strongly believe and advocate that this population of people deserve and have a right to be treated. Transferring them from mental health facilities to cells and the streets – or worse – is inhumane, immoral and hurts all of us.

**I STRONGLY BELIEVE AND
ADVOCATE THAT THIS
POPULATION OF PEOPLE
DESERVE AND HAVE A RIGHT
TO BE TREATED.**

– Representative Eddie Bernice
Johnson (D-Texas)

New Psychiatric Advisory Board Will Expand Capabilities

As the Treatment Advocacy Center has emerged as a central source of data and expertise on neglected mental illness treatment issues, demand for our evidence-based information and authoritative voice has grown. To help meet this demand and as a means of publicly affiliating with our mission of eliminating barriers to treatment, 13 esteemed psychiatrists – three of them past presidents of the American Psychiatric Association – have accepted invitations to become founding members of the Treatment Advocacy Center's Psychiatric Advisory Board.

"As public and official awareness of mental illness issues has grown in the last two years, the unique role of the Treatment Advocacy Center as the mental health organization that speaks frankly and knowledgeably about the factors that drive public policy has made us a clearinghouse for informed background and comment," said E. Fuller Torrey, M.D., honorary chair of the panel. "The agreement of these esteemed psychiatrists to make their extraordinary clinical and scientific knowledge available will give the organization even greater capabilities."

Members of the panel were nominated and approved by the Treatment Advocacy Center Board of Directors. Dr. Mike Knable, executive director of the Sylvan Herman Foundation, will serve as chair. Joining Drs. Knable and Torrey on the founding board are:

- Dr. John M. Davis, professor of psychiatry and research professor of medicine, University of Illinois at Chicago
- Dr. Jeffrey Lieberman, chair of the Columbia University Department of Psychiatry*
- Dr. Mark R. Munetz, professor and chair of the Department of Psychiatry, Northeast Ohio Medical University
- Dr. Roger Peele, chief psychiatrist, Montgomery County Government, Maryland
- Dr. Jody M. Rawles, director of hospital services, psychiatry and human behavior, School of Medicine, University of California Irvine Medical Center
- Dr. John Rush, emeritus professor, National University of Singapore
- Dr. Sally L. Satel, W.H. Brady Fellow, American Enterprise Institute
- Dr. Steven S. Sharfstein, president and chief executive officer, Sheppard Pratt Health System*
- Dr. Alan A. Stone, professor of law and psychiatry, Harvard Law School
- Dr. John A. Talbott, clinical professor of psychiatry, University of Maryland Baltimore School of Medicine *
- Dr. Gary C. Tsai, medical director of Substance Abuse Prevention and Congrol, a division of the Los Angeles County Department of Public Health; producer of *Voices*, a documentary film about untold stories of psychosis

* Past president, American Psychiatric Association

Memorials & Tributes

March 1 – August 31, 2014

The Treatment Advocacy Center expresses our deepest appreciation to all who have supported our mission with donations in memory or in honor of others.

Mary Alexander, Millis, MA
Helen & John Bennett, Valdosta, GA
Barbara & Lee Bradley, Valdosta, GA
David Burch, Valdosta, GA
GG & George Burns, Lexington, KY
Jolanda & Harold Byrd, Henrico, VA
Susan Cleva, Bellevue, WA
Carolyn Colliver, Lexington, KY
Valerie Bowden, Columbus, GA
NAMI Columbus
Jacqueline Davis, Thomasville, GA
DBHYDD, Region 4
Edward Drum, Carmel, IN
Gerry Folsom, Quitman, GA
Rose Marie Friedrich, North Liberty, IA
Doris Fuller, Arlington, VA
Robert Gallaher, Seattle, WA
Donald Geller, Irvine, CA
Kathleen Green, Fox River Grove, IL

In memory of Gloria Werman
In memory of Randy Tennyson
In memory of Randy Tennyson
In memory of Randy Tennyson
In memory of Tim Morton
In memory of Arthur Baugh
In memory of Henry Cleva
In memory of Tim Morton
In memory of Randy Tennyson
In memory of Randal Tennyson
In memory of Ron Cramer
In memory of Randy Tennyson
In honor of Kristin Friedrich
In memory of Randy Tennyson
In memory of Susan Gallaher
In honor of Matthew Hoff
In honor of Patricia McNamara

Sean Hadley, Moorestown, NJ
Bonelle & James E. Holmes, Quitman, GA
Susan Inman, Vancouver, BC
Molly Tennyson Jones
& Nancy Tennyson, Columbus, GA
Lucille & David Kauffman, Woodbridge, VA
Doris & Wayne Keene, Midland, GA
Anne & Glenn Krum, Seabrook, TX
Amanda LaPera, Aliso Viejo, CA
Marguerite & Stacy Li, Santa Rosa, CA
Mame Lyttle, Slingerlands, NY
Shawna Martell, Champaign, IL
Agnes & James McFarlane, Jamison, PA
Arthur McLane, Valdosta, GA
Judy Miller, Newburyport, MA
Faye Morton, Lexington, KY
Gayle Morton, Little Rock, AR
Stephen & Karen Murphy, Champaign, IL
Jacquelyn Herum, Ellensburg, WA
NAMI Kittitas County
Lynn Nanos, Natick, MA
Jolene Natoli, Leesburg, VA
Dottie Pacharis, Fort Myers Beach, FL
Mary Palafox, Santa Ana, CA
Lyana Pearson, Alexandria, VA
Dana Lin Phillips, Wimauma, FL
Charles Pisano, Enola, PA
Patricia & A.J. Powell, Quitman, GA
Viji Raghavan, Cambridge, MA
Tina & Mike Ressa, Redlands, CA
Gabe Rose, Culver City, CA
Samantha Rukert, Laurel, MD
Marsha Ryle, El Cerrito, CA
Patti Sacher, Great Neck, NY
Becky & Al Sanders, Dunwoody, GA
Hattie Segal, Maplewood, NJ
Rosemary Seneviratne
Jacqueline Shannon, San Angelo, TX
Jenna Skophammer, Kansas City, MO
Terri Smoot, Elkin, NC
Patricia & Charles Stripling, Camilla, GA
Mary Sucre, Waterloo, IA
Andrew Taffer, Medford, MA
Joanna Taylor, Buffalo, WY
George Van Dalen, Windermere, FL
Ketty Wadia, Austin, TX
Pat & Ralph Webdale, Fredonia, NY
Diana Weddle, Plano, TX
Mrs. & Mr. Henry Wortman, Quitman, GA

In honor of Linda Jones
In memory of Randy Tennyson
In honor of Dr. E Fuller Torrey
In memory of Randy Tennyson
In memory of Arthur Matthews
In memory of Randy Tennyson
In memory of Randy Tennyson
In honor of my dad
In honor of Dr. Torrey's birthday
In memory of Harriet Comfort
In memory of Svetlana Kleyn
In memory of Thomas Gorman
In memory of Randy Tennyson
In honor of Torrey Action Fund
In memory of Tim Morton
In honor of mental illness in Arkansas
In memory of Svetlana Kleyn
In memory of Beth S. Kahill
In memory of Kelly Thomas
In memory of Arthur Baugh
In memory of Scott Baker
In honor of Matthew Hoff
In honor of Mary Ann Hahn
In memory of Randy Lee Tennyson
In memory of Jean Pisano
In memory of Randy Tennyson
In honor of Viji Raghavan
In honor of Stephen Ressa and
in memory of the victims
In honor of Nick
In honor of the Anne Arundel County
Dept. of Detention Mental Health Team
In memory of Jared Bonnet
In honor of Patti Lou Sacher
In memory of Randy Tennyson
In honor of Dr. E. Fuller Torrey, Stephen
Segal, Doris Fuller and the Board of Directors
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In memory of Kendra Webdale
In honor of Dorothy Hollander and
in memory of Gregory Daniel Weddle
In memory of Randy Tennyson

LEAVE A LEGACY

"We are leaving the funds to the Treatment Advocacy Center in our will because it appears to be the most effective organization in addressing the problems associated with untreated serious mental illness. These are the problems which have plagued our family. Given the failure of state and federal governments to address these problems to date, the Treatment Advocacy Center will be needed for many more years."

— Anonymous donors

The Treatment Advocacy Center in September announced the founding of The Legacy Society to encourage and recognize planned gifts to ensure the future of our singular work on behalf of those with the most severe psychiatric diseases.

The Legacy Society provides friends and supporters an enduring way to act on their compassion for those living with untreated mental illness and to speak to what they believe is important about mental illness treatment in America.

To learn more, please visit:
TreatmentAdvocacyCenter.org/support-us, email us
at info@TreatmentAdvocacyCenter.org or telephone
(703) 294-6001 today.

Torrey Action Fund Contributors

March 1 – August 31, 2014

The Treatment Advocacy Center extends its gratitude to all who donated to the 2014 Torrey Action Fund, which honors our founder E. Fuller Torrey, M.D., and enables us to continue pursuing his vision of eliminating barriers to the treatment of severe mental illness.

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Stanley Medical Research Institute Update E. Fuller Torrey, MD

For the past three decades, Dr. Robert Yolken and I have been researching infectious agents as possible causes of schizophrenia and bipolar disorder. Among the many infectious agents we have examined, the parasite *Toxoplasma gondii* has been one of the most promising. *T. gondii* is carried by cats and can infect humans in one of two forms: as a tissue cyst in undercooked meat from animals which have become infected, or as oocysts, which are excreted by cats in their feces. The oocyst transmission is in fact especially interesting and was the subject of a paper we published last year in *Trends in Parasitology* (vol.29, pages 380-384, 2013).

The oocysts are excreted by cats when they first become infected, usually at the time they start to hunt. A cat which is kept inside all of the time is unlikely to become infected. The cat deposits up to 55 million oocysts per day for an average of eight days. Keep in mind also that the oocysts are remarkably hardy, having been shown to survive in soil for 18 months, in seawater for over four years, and even in 2% sulfuric acid for a year.

Now think about the 82 million domestic cats in the United States plus an estimated 25-60 million feral cats, of which, on any given day, 1% are excreting up to 55 million oocysts. Cats do not defecate randomly, but prefer loose soil or sand such as is found in gardens, sandboxes and children's play areas. In our

paper, we calculated the concentration of oocysts in uncovered public sandboxes over an 18-month period, based on data from a study in Japan, to be between 55,000 and 1.6 million oocysts per square foot of sand.

So what does all this have to do with schizophrenia? More than 40 studies have reported that people with schizophrenia have significantly more antibodies to *T. gondii* than people who don't have schizophrenia. And two studies have shown that people with schizophrenia had more contact with cats during childhood compared to controls. The *T. gondii* parasite also is known to affect many of the neurotransmitters which are involved in schizophrenia, and also to make dopamine, which is elevated in schizophrenia.

In summary, we suspect that some cases of schizophrenia may be caused by the transmission of *T. gondii* to children as they play with their toys in the yard or sandbox. The parasite then remains latent in their brain until it is reactivated in their late teens or twenties. Think of such cases of schizophrenia as a possible sandbox disease.

Dr. Torrey serves as associate director of SMRI, where he oversees groundbreaking research on the causes and treatment of schizophrenia and bipolar disorder.